

POSITION	INITIALS	ID NO.	DATE
<b>FEE DETERMINATION</b>	PS	66621	6/16
<b>O.I.P.E. CLASSIFIER</b>	AF	7155	6/16/00
<b>FORMALITY REVIEW</b>			
<b>RESPONSE FORMALITY REVIEW</b>			

## INDEX OF CLAIMS

✓ ..... Rejected N ..... Non-elected  
 = ..... Allowed I ..... Interference  
 - (Through numeral).... Canceled A ..... Appeal  
 ÷ ..... Restricted 0 ..... Objected

Claim	Date
Final	
Original	
1 ✓	5/29
2 ✓	5/29
3 ✓	5/29
4 ✓	5/29
5 ✓	5/29
6 ✓	5/29
7 ✓	5/29
8 ✓	5/29
9 ✓	5/29
10 ✓	5/29
11 ✓	5/29
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Claim	Date
Final	
Original	
51 ✓	
52 ✓	
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Claim	Date
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148 ✓	
149 ✓	
150 ✓	

If more than 150 claims or 10 actions  
stapl additional sheet here

(LEFT INSIDE)